2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	SSOCIATED DISTRIBUTORS OF SOUTH FLORIDA, INC.								
	ce of Business Commerce Parkway FL 33326	Mailing Address 2125 N Commerce Parkway Weston, FL 33326			SECRETARY OF STATE TAULAHASSEE FLORIDA				
2. Principal Place of Business		3. Mailing Address			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & Stat		City & State			4.65	-0438339 		No	t Applicable
Zip	Country	Zip	Coun	try	5. Cer	tificate of Status Desired			
	6. Name and Address of Current Re	gistered Agent		Name	7. Nar	ne and Address of New Registe	red Ager	<u>nt</u>	
Dickins 2125 N	OI APR 17 PM 4: 00 STEET ACTIONS DATE PAULIA HASSEE FLORIDA DO NOT WRITE IN THIS SPACE Applied For Not Applied F	Street Address (P.O. Box Number is Not Acceptable)							
Weston, FL 33326				City	To Code				
							FL		<u></u>
Tax_filling_r	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	II FEE 01 Fee.	IS \$150.00 will be \$550.00.		10. Election Campaign Financing		\$5.0 Added	May Be to Fees
11.	OFFICERS AND DIF				ADDI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dickinson, Walter 2 12 5 N Commerce Park Weston, FL 33326	□ Delete	NAMI STRE	E ET ADDRESS	·	-04/25/01	U1U 00 * 	143 ***1	001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dickinson, Walter C 2125 N Commerce Par Weston, FL 33326		NAME STRE	E Et address				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Dickinson, Janice C 2125 N COmmerce Park Weston, FL 33326	□ Delete .way	nami Stre	E ET ADDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Macomber, Bonnie L. 2125 N COmmerce Par Weston, FL 33326	□ Delete	NAME STREE	E ET ADDRESS	4.			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STRE	E ET ADDRESS				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	NAME STREI CITY-	ET ADDRESS ST-ZIP			***	•	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with at the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with at the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.									
SIGNATURE: UNIVERSITY USE CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

Walter C. Dickinson